

This Page Is Inserted by IFW Operations  
and is not a part of the Official Record

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning documents *will not* correct images,  
please do not report the images to the  
Image Problem Mailbox.**



Docket No. 17171 CIP4DIV (AP)  
Application No. 09/685,828  
Notice of Allowance dated 3/22/04

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of  
Klein, et al.

Application No: 09/685,828

Filed: October 10, 2000

For: METHODS OF IDENTIFYING  
COMPOUNDS HAVING NUCLEAR  
RECEPTOR HORMONE AND/OR  
ANTAGONIST ACTIVITIES`

Group Art Unit: 1648

Examiner: Myron G. Hill

Confirmation No. 4591

Notice of Allowance dated  
March 22, 2004

**TRANSMITTAL LETTER ACCOMPANYING DECLARATION**

Mail Stop: ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

As required in the Notice of Allowance, Applicants submit herein a substitute Combined Declaration & Power of Attorney – U.S.A. Application”.

**PETITION UNDER 37 C.F.R. 147 (a)**

The following inventors could not be reached after diligent effort. Their last known addresses are listed with their names.

Elliot S. Klein, 20 Winton Farm Road, Connecticut, CA 06470

Alan T. Johnson, 17058 Iron Mountain Drive, Poway, CA 92064-6316

Andrew M. Standeven, 427 ½ Orchid Avenue, Corona del Mar, CA 92625

Remaining applicants hereby petition the Director that the requirement that these inventors sign the declaration be suspended or waived in accordance with 37 C.F.R 1.183. The following is submitted as evidence that diligent effort was made to reach the inventors.

1. Copies of the letters sent to inventors requesting that they sign the declaration (3 pgs).
2. Copies of Certified Mail receipts corresponding to the above letters (3 pgs).

The Commissioner is hereby authorized to charge the \$130 fee according to 37 CFR 1.17(h) as well as any fees that may be incurred as a result of this communication, or credit any overpayment to Deposit Account No. 01-0885. A duplicate copy of this sheet is enclosed for that purpose.

Respectfully submitted,



Dated: June 17, 2004  
Please address all correspondence to:  
Brent A. Johnson (T2-7H)  
Allergan, Inc.  
2525 Dupont Drive  
Irvine, CA 92612

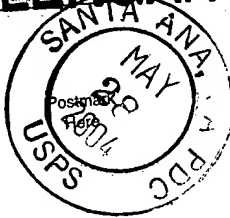
Brent A. Johnson  
Registration No. 51,851  
Agent of Record  
Telephone: 714.246.4348  
Facsimile No. 714.246.4249



**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 1.06
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.11



Sent To

Street,  
or PO

City, State

Mr. Alan T. Johnson  
17058 Iron Mountain Drive  
Poway, CA 92064-6316

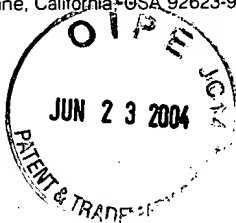
See Reverse for Instructions

PS Form 3800, June 2002

7002 2410 0000 5000 0710 2410 3400 3182

ALLERGAN

2525 Dupont Drive, P.O. Box 19534, Irvine, California, USA 92623-9534 Telephone: (714) 246-4500 Website: www.allergan.com  
Brent A. Johnson, Ph.D.  
Patent Agent  
Phone: (714) 246-4348  
Fax: (714) 246-4249  
Email: johnson\_brent@allergan.com



May 28, 2004

Certified Mail/ Return Receipt Requested

Mr. Alan T. Johnson  
17058 Iron Mountain Drive  
Poway, CA 92064-6316

RE: U. S. Patent Application Serial Number 09/685,828  
Filed: October 10, 2000  
*Methods of Identifying Compounds Having Nuclear Receptor Negative  
Hormone and/or Antagonist Activities*  
Our Ref.: 17171 CIP4 DIV1 (HL)

Dear Mr. Johnson:

Please find enclosed a copy of the allowed claims in the above-referenced patent application filed with the U.S. Patent Office. Included in this package is a Combined Declaration & Power of Attorney for your signature.

As a co-inventor, please be so kind as to execute the Declaration & Power of Attorney and return it to me in the enclosed self-addressed, postage paid Federal Express envelope before June 20, 2004.

Thank you for your assistance in this matter and if you have any questions, please do not hesitate to contact me at the above number.

Sincerely,

ALLERGAN, INC.

A handwritten signature in black ink that reads "Brent A. Johnson".

Brent A. Johnson, Ph.D.  
Patent Agent

BAJ/sb  
Encl.

7002 2410 0005 3400 3182

**CERTIFIED MAIL™**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE



287E 004E 5000 0742 2002  
287E 004E 5000 0742 2002

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL ALLERGAN**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Postmark  
Here

Sent To  
 Street, or PO  
 City, State, ZIP+4®  
 Mr. Alan T. Johnson  
 17058 Iron Mountain Drive  
 Poway, CA 92064-6316



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Mr. Alan T. Johnson  
 17058 Iron Mountain Drive  
 Poway, CA 92064-6316

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature ☒ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

**1. Service Type**

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

**4. Restricted Delivery? (Extra Fee)**

☐ Yes ☒ No

**2. Article Number (Copy from service label)**

7002 2410 0005 3400 3182

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

OIP  
JUN 23 2004  
RADEGRAPH

739  
1000  
**FedEx. USA Airbill**  
Express  
# 8358 569L 4090

NO POUCH NEEDED.  
See back for peel and stick application instructions.

1 From: Sender's Address  
Sender's Name: **Mr. Alan T. Johnson**  
Sender's Address: **17058 Iron Mountain Dr.**  
City: **Poway, CA 92064**  
State: **CA** ZIP: **92064**

2 Your Internal Billing Reference  
To: **S. Bartholomew** Phone: **(714) 246-4753**

3 To: Recipient's Address  
Company: **ALLERGAN SALES LLC**  
Address: **18633 TELLER AVE**  
City: **IRVINE** State: **CA** ZIP: **92612**

Try online shipping at [fedex.com](http://fedex.com)  
By using the online shipping tool, you can create a shipping label and a bill of lading, print a shipping label, and track your shipment. For more information, visit our website at [fedex.com](http://fedex.com) or call 1.800.4FEDX (1.800.436.3333).

0225840915

760  
1000  
**FedEx. USA Airbill**  
Express  
# 8358 569L 4105

1 From: Sender's Address  
Sender's Name: **Mr. Sunil Nagpal**  
Sender's Address: **c/o Eli Lilly & Co**  
Company: **Chase Regulation Research, Lilly Research Lab**  
Address: **Lilly Corporate Center DC 0434**  
City: **Indianapolis** State: **IN** ZIP: **46285**

2 Your Internal Billing Reference  
To: **S. Bartholomew** Phone: **(714) 246-4753**

3 To: Recipient's Address  
Company: **ALLERGAN SALES LLC**  
Address: **18633 TELLER AVE**  
City: **IRVINE** State: **CA** ZIP: **92612**

Try online shipping at [fedex.com](http://fedex.com)  
By using the online shipping tool, you can create a shipping label and a bill of lading, print a shipping label, and track your shipment. For more information, visit our website at [fedex.com](http://fedex.com) or call 1.800.4FEDX (1.800.436.3333).

0225840915

Sender's Copy

4a Express Package Service  
☐ FedEx Priority Overnight  
☐ FedEx 2Day  
☐ FedEx Overnight  
☐ FedEx International Priority  
☐ FedEx International Economy

4b Express Freight Service  
☐ FedEx Freight  
☐ FedEx Freight International

5 Packaging  
☐ FedEx Envelope  
☐ FedEx Tube  
☐ FedEx Box  
☐ FedEx Pallet  
☐ FedEx Container

6 Special Handling  
☐ Fragile  
☐ Perishable  
☐ Hazardous  
☐ High Value  
☐ Restricted  
☐ Other

7 Payment  
☐ Cash  
☐ Credit Card  
☐ Debit Card  
☐ Check  
☐ Money Order

8 Release Signature  
☐ Signature Required  
☐ Signature Not Required

447

Sender's Copy

4a Express Package Service  
☐ FedEx Priority Overnight  
☐ FedEx 2Day  
☐ FedEx Overnight  
☐ FedEx International Priority  
☐ FedEx International Economy

4b Express Freight Service  
☐ FedEx Freight  
☐ FedEx Freight International

5 Packaging  
☐ FedEx Envelope  
☐ FedEx Tube  
☐ FedEx Box  
☐ FedEx Pallet  
☐ FedEx Container

6 Special Handling  
☐ Fragile  
☐ Perishable  
☐ Hazardous  
☐ High Value  
☐ Restricted  
☐ Other

7 Payment  
☐ Cash  
☐ Credit Card  
☐ Debit Card  
☐ Check  
☐ Money Order

8 Release Signature  
☐ Signature Required  
☐ Signature Not Required

447

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE.

# ALLERGAN

2525 Dupont Drive, P.O. Box 19534, Irvine, California, USA 92623-9534 Telephone: (714) 246-4500 Website: www.allergan.com  
Brent A. Johnson, Ph.D.  
Patent Agent  
Phone: (714) 246-4348  
Fax: (714) 246-4249  
Email: johnson\_brent@allergan.com



June 14, 2004

Certified Mail/ Return Receipt Requested

Mr. Andrew M. Standeven  
427 ½ Orchid Avenue  
Corona del Mar, CA 92625

RE: U. S. Patent Application Serial Number 09/685,828  
Filed: October 10, 2000  
*Methods of Identifying Compounds Having Nuclear Receptor Negative  
Hormone and/or Antagonist Activities*  
Our Ref.: 17171 CIP4 DIV1 (HL)

Dear Mr. Standeven:

Please find enclosed a copy of the allowed claims in the above-referenced patent application filed with the U.S. Patent Office. Included in this package is a Combined Declaration & Power of Attorney for your signature.

As a co-inventor, please be so kind as to execute the Declaration & Power of Attorney and return it to me in the enclosed self-addressed, postage paid Federal Express envelope before June 20, 2004.

Thank you for your assistance in this matter and if you have any questions, please do not hesitate to contact me at the above number.

Sincerely,

ALLERGAN, INC.

A handwritten signature in black ink that reads "Brent A. Johnson".

Brent A. Johnson, Ph.D.  
Patent Agent

BAJ/sb  
Encl.



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL™**



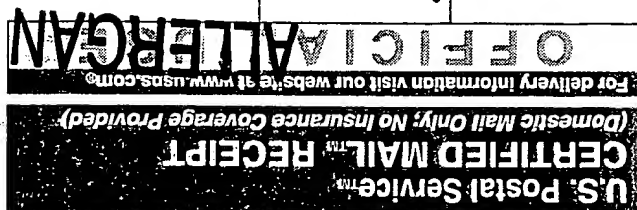
7002 2410 0005 3400 3168  
7002 2410 0005 3400 3168

PS Form 3800, June 2002 See Reverse for Instructions

Sent To \_\_\_\_\_  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4  
 Mr. Andrew M. Standeven  
 427 1/2 Orchid Avenue  
 Corona del Mar, CA 92625

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here



PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

2. Article Number (Copy from service label)  
 7002 2410 0005 3400 3168

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Mr. Andrew M. Standeven  
 427 1/2 Orchid Avenue  
 Corona del Mar, CA 92625

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature \_\_\_\_\_

D. Is delivery address different from item 1? ☐ Yes ☒ No

E. If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No



**NO POUCH NEEDED.**  
See back for peel and stick application instructions.

789  
1000  
**FedEx** USA Airbill  
Express  
Sender's Copy

**1 From** Please print and press hard

Date

Sender's FedEx  
Account Number

Sender's Name **Andrew M. Stender**

Phone

Company

Address

City

State

ZIP

**2 Your Internal Billing Reference** 2100100040

**3 To**

Recipient's Name

Address

City

State

ZIP

Phone

Company

Address

City

State

ZIP

Address

City

State

ZIP

Try online shipping at [fedex.com](http://fedex.com)

Questions? Visit our Web site at [fedex.com](http://fedex.com)

0225840915

**4a Express Package Service**

☐ FedEx Priority Overnight

☒ FedEx 2Day

☐ FedEx 1Day/Next Business Day

☐ FedEx Standard Overnight

☐ FedEx 2Day Freight

**5 Special Handling**

☐ SATURDAY Delivery

☐ Signature Required

☐ Insured

☐ Fragile

☐ Restricted

☐ Hazardous

☐ Other

☐ Signature Required

☐ Signature Required

Sender's Copy

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE.



7002 2410 0005 3400 3212

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**BOFFELCIA ALLERGAN**

Postage	\$ 1.06
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.11



Sent To  
Street, Apt.  
or PO Box  
City, State,

Mr. Andrew M. Standeven  
AMGEN  
1840 Dehavilland Dr.  
Thousand Oaks, CA 92064-6316

PS Form 3800, June 2002

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Andrew M. Standeven  
AMGEN  
Dehavilland Dr.  
Thousand Oaks, CA 92064-6316

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) **Chris Schiefer** B. Date of Delivery **6/4/09**
- C. Signature **[Signature]** ☐ Agent  
☒ Addressee
- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☒ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7002 2410 0005 3400 3212

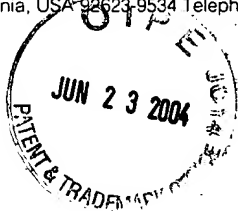
PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

ALLERGAN

2525 Dupont Drive, P.O. Box 19534, Irvine, California, USA 92623-9534 Telephone: (714) 246-4500 Website: www.allergan.com  
Brent A. Johnson, Ph.D.  
Patent Agent  
Phone: (714) 246-4348  
Fax: (714) 246-4249  
Email: johnson\_brent@allergan.com



May 28, 2004

Certified Mail/ Return Receipt Requested

Mr. Andrew M. Standeven  
AMGEN  
1840 Dehavilland Dr.  
Thousand Oaks, CA 92064-6316

RE: U. S. Patent Application Serial Number 09/685,828  
Filed: October 10, 2000  
*Methods of Identifying Compounds Having Nuclear Receptor Negative  
Hormone and/or Antagonist Activities*  
Our Ref.: 17171 CIP4 DIV1 (HL)

Dear Mr. Standeven:

Please find enclosed a copy of the allowed claims in the above-referenced patent application filed with the U.S. Patent Office. Included in this package is a Combined Declaration & Power of Attorney for your signature.

As a co-inventor, please be so kind as to execute the Declaration & Power of Attorney and return it to me in the enclosed self-addressed, postage paid Federal Express envelope before June 20, 2004.

Thank you for your assistance in this matter and if you have any questions, please do not hesitate to contact me at the above number.

Sincerely,

ALLERGAN, INC.

Brent A. Johnson, Ph.D.  
Patent Agent

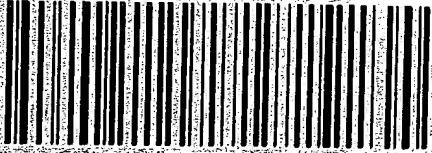
BAJ/sb  
Encl.

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL MAIL**

212E 004E 5000 0142 2002  
212E 004E 5000 0142 2002



**CERTIFIED MAIL**  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

212E 004E 5000 0142 2002

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To  
**Mr. Andrew M. Standeven  
AMGEN  
1840 Dehavilland Dr.  
Thousand Oaks, CA 92064-6316**

PS Form 3800, June 2002 See Reverse for Instructions

POSTED  
JUN 23 2002

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**Mr. Andrew M. Standeven  
AMGEN  
1840 Dehavilland Dr.  
Thousand Oaks, CA 92064-6316**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. Is delivery address different from item 1? If YES, enter delivery address below:	

3. Service Type	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
	<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Article Number (Copy from service label)

7002 2410 0005 3400 3212

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

10





**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

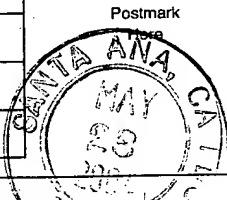
For delivery information visit our website at [www.usps.com](http://www.usps.com)  
*B. Johnson* **ALLERGAN**

Postage	\$ 1.06
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.11

Sent To: Mr. Elliott S. Klein  
20 Winton Farm Rd.  
Newtown, CT 06470

Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Mr. Elliott S. Klein  
20 Winton Farm Rd.  
Newtown, CT 06470

JUN 15 2004

LEGAL PATENTS

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Elliott Klein* B. Date of Delivery *6/12/04*

C. Signature *Elliott Klein* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7002 2410 0005 3400 3199

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

ALLERGAN

2525 Dupont Drive, P.O. Box 19534, Irvine, California, USA 92623-9534 Telephone: (714) 246-4500 Website: www.allergan.com  
Brent A. Johnson, Ph.D.  
Patent Agent  
Phone: (714) 246-4348  
Fax: (714) 246-4249  
Email: johnson\_brent@allergan.com



May 28, 2004

Certified Mail/ Return Receipt Requested

Mr. Elliott S. Klein  
20 Winton Farm Rd.  
Newtown, CT 06470

RE: U. S. Patent Application Serial Number 09/685,828  
Filed: October 10, 2000  
*Methods of Identifying Compounds Having Nuclear Receptor Negative  
Hormone and/or Antagonist Activities*  
Our Ref.: 17171 CIP4 DIV1 (HL)

Dear Mr. Klein:

Please find enclosed a copy of the allowed claims in the above-referenced patent application filed with the U.S. Patent Office. Included in this package is a Combined Declaration & Power of Attorney for your signature.

As a co-inventor, please be so kind as to execute the Declaration & Power of Attorney and return it to me in the enclosed self-addressed, postage paid Federal Express envelope before June 20, 2004.

Thank you for your assistance in this matter and if you have any questions, please do not hesitate to contact me at the above number.

Sincerely,

ALLERGAN, INC.

A handwritten signature in black ink that reads "Brent A. Johnson".

Brent A. Johnson, Ph.D.  
Patent Agent

BAJ/sb  
Encl.



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

7002 2410 0005 3400 1999



7002 2410 0005 3400 1999  
7002 2410 0005 3400 1999

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL ALLERGAN**

Postage \$
Certified Fee
Return Receipt Fee (Enforcement Required)
Restricted Delivery Fee (Enforcement Required)
Total Postage & Fees \$

Postmark  
Here

Sent To

Mr. Elliott S. Klein  
20 Winton Farm Rd.  
Newtown, CT 06470

Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3800, June 2002

See reverse for instructions



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Mr. Elliott S. Klein  
20 Winton Farm Rd.  
Newtown, CT 06470

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
E. Agent <input type="checkbox"/> Addressee <input type="checkbox"/>	

**3. Service Type**

- ☐ Certified Mail
- ☐ Express Mail
- ☐ Registered
- ☐ Return Receipt for Merchandise
- ☐ Insured Mail
- ☐ C.O.D.

**4. Restricted Delivery? (Extra Fee)**

☐ Yes

2. Article Number (Copy from service label)

7002 2410 0005 3400 3199

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

6. *Chloroceryle alpestris* (L.)

Try online shipping at [fedex.com](http://fedex.com)

100-443887-100

100-443887-100